

FILED JUN 9 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4857

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Depaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town Ladue
(If outside city or town limits, write "RURAL")
(d) Street No. #3 Maryview Lane
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Donald Leslie Barnes

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased May 1st 1941
(Month) (Day) (Year)

8. AGE: Years 3 Months 0 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER { 12. Name Donald L. Barnes Jr.
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Leslie Newell
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Donald L. Barnes

(b) Address #3 Maryview Lane

17. (a) Burial (b) Date thereof. 5-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery
Kriegshauser Mortuar

18. (a) Signature of funeral director _____
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 26 1944 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1944 hour 6:15 minute P.M.

21. I hereby certify that I attended the deceased from 8/28/43
_____ 19 _____ to 5/25 19 44
that I last saw him alive on 5/25 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation of heart Immediate
Due to Statis Rymphaticis 1 Birth
Due to Hypertrophied Throats 8/28/43
Adenoids 5/25/44
Other conditions _____
(Include pregnancy within 5 months of death)

Major findings: Hypertrophied Throats
Of operations: Adenoids
Of autopsy: Statis Rymphaticis
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Thomas R. ... (M. D. or other) _____
Address 2729 N. Grand Date signed 5/26/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Edwin A. McKeown

Licensed Embalmer No.....

3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.